Effective November 10, 1998 9/ 95860	2_
CLAIMS AS FILED - PART I SMALL ENTITY OF	THER THAN
FOR NUMBER FILED NUMBER FYTRA	TE FEE
BASIC FEE 380.00 OR	760.00
TOTAL CLAIMS	18≟
INDEPENDENT CLAIMS 2 minus 3 = * X39= OR X7	8=
MULTIPLE DEPENDENT CLAIM PRESENT	18 2 20S
* If the difference in column 1 is less than zero, enter "0" in column 2	60=
OR field	TAL. 760
7-29-84 (Column 1) . (Column 2) (Column 3) SMALL ENTITY OR SM	HER THAN: ALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT NUMBER PREVIOUSLY PAID FOR PAID FOR Total * /5 Minus ** 20 =	TE TIONAL FEE
Total + 15 Minus ++ 20 = - X\$ 9= OR X\$	8= 2
	8= 22
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	12/14/20
+130= OR -+26	900 S 25 4 50
ADDIT. FEE ADDIT	PEE
Column 1) (Column 3)	
REMAINING NUMBER PRESENT EXTRA RATE TIONAL RATE FEE	ADDI TE TIONAL FEE
Total * 15 Minus ** 20 = - X\$9= OR X\$1 Independent * 2 Minus ** 3 = - X39= X39= X7	10 m 2021年第
Independent * Z Minus *** Z = X39= X39= OR X7	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= OR +26	
TOTAL OR TO	OTAL 9
(Column 1) (Column 2) (Column 3)	FEE
CLAIMS HIGHEST NUMBER PREVIOUSLY EXTRA RATE TIONAL RATE FEE	ADDI- TE TIONAL- FEE
Total • 15 Minus • 20 = - X\$ 9= OR X\$1	19 19 19 19 19 NA
Independent * 2 Minus *** 3 = -	4 12 C
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	***
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.	1 Sept.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT.	FEE
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	

FORM PTO-875 (Rev. 11/98)

*U.S. Government Printing Office: 1999 - 459-072/1914

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